

Global Commitment Register

March 16, 2017

GCR 16-120 FINAL PROPOSED

Health Care Administrative Rules Update

Policy Summary:

The Agency of Human Services (AHS) has filed final proposed rules with the Office of the Secretary of State (SOS) to amend the below administrative rules for Medicaid covered services. These final proposed rules are expected to be presented to the Legislative Committee on Administrative Rule (LCAR) for review and approval on April 13, 2017.

Please note that rule 4.211 Augmentative Communication Devices and Systems, which had been proposed with this rule package, is open for <u>second public comment period</u> through March 31, 2017.

<u>Public comments and responses</u> for the below rules are available in the <u>Global Commitment</u> Register.

4.202 - Dental Services for Beneficiaries Age 21 and Older (replaces Medicaid Covered Services Rule 7313)

- This rule defines coverage for dental service for beneficiaries age 21 and older. Amendments to the current rule include clarifying coverage and reimbursement for dental services.
- The following changes were made based on public comments received:
 - Section 4.202.6(d) was amended to add that providers may bill beneficiaries for procedures that are not covered by Vermont Medicaid.
 - Section 4.202.6(e)(1) was amended to clarify that billed amounts for procedures not covered by Vermont Medicaid may exceed the rate in the Dental Procedures Fee Schedule.
 - Section 4.202.6(e)(1) was also amended to clarify that providers must obtain written acknowledgement from a beneficiary prior to performing the procedure.

4.203 - Dental Services for Beneficiaries Under Age 21, And Pregnant and Postpartum Women (replaces Medicaid Covered Services Rule 7312)

• This rule defines coverage for dental services for beneficiaries under age 21, and pregnant and postpartum women. Amendments to the current rule include clarifying definitions and coverage for medically necessary dental services.



4.204 - Medical and Surgical Services of a Dentist (replaces Medicaid Covered Services Rule 7311)

• This rule defines coverage for medical and surgical services of a Dentist. Amendments to the current rule include clarifying coverage criteria and definitions.

4.205- Orthodontic Treatment (replaces Medicaid Covered Services Rule 7314)

- This rule defines coverage for orthodontic treatment. Amendments to the current rule include clarifying coverage criteria and additional definitions for orthodontic treatments.
- The following changes were made based on public comments received:
 - o Section 4.205.5(a) was amended to clarify that comprehensive orthodontic treatments require the presence of one major or two minor malocclusions.

4.220- Chiropractic Services (replaces Medicaid Covered Services Rule 7304)

• This rule defines coverage for chiropractic services. Amendments to the current rule include shortened duration for clinical documentation of x-rays and changes to prior authorization requirements.

10.100 - Pharmaceutical Manufacturer Fee (replaces Medicaid Covered Services Rule 7701)

• This rule provides an overview of a fee collected by DVHA from drug manufacturers. Amendments to the current rule include an increase of the annual fee from 0.5% to 1.5% of the manufacturer's previous year Medicaid drug spend pursuant to Act 173 of 2016. There is no impact to the Medicaid budget as the fee is deposited into a fund that supports public health programs in Vermont.

Effective Date:

Final proposed rules were filed with the Secretary of State on February 22, 2017. The rules will not become effective until the administrative rulemaking process is complete.

Authority/Legal Basis:

Adopting and rulemaking: 3 V.S.A. § 801(b) (11), 33 V.S.A. § 1901(a)(1).

Pharmaceutical Manufacturer Fee: Act 173 of 2016.

Population Affected:

All Medicaid.

Fiscal Impact:

No fiscal impact.

Public Comment Period:

A public hearing was held on January 9, 2017. The public comment period ended January 16, 2017.

Public comments and responses are available here.

Additional Information:

- The HCAR final proposed rules are available on the AHS website.
- The final proposed rules on the SOS website are referred to as:



- o Rule 16P078 Dental Services for Beneficiaries Age 21 and Older
- Rule 16P079 Dental Services for Beneficiaries Under Age 21, And Pregnant and Postpartum Women
- o Rule 16P084 Medical and Surgical Services of a Dentist
- o Rule 16P080 Orthodontic Treatment
- o Rule 16P082 Chiropractic Services
- o Rule 16P081 Pharmaceutical Manufacturer Fee
- The **HCAR** rules that are currently in effect.
- The **DVHA** rules that are currently in effect.
- More information about the rulemaking process from the Office of the Secretary of State's website.